The Utah Department of Health
Center for Multicultural Health

Health Care of AMERICAN INDIAN ELDERS

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Demographic Characteristics of American Indians and Alaska Natives (AI/AN)
There are at least 558 different federally recognized tribes/nations, 126 tribes/nations applying for recognition and 106 Indian languages still spoken. More people identify themselves as Indian in urban areas than on reservations and other rural areas. The Indian Health Service (IHS) does not serve many urban Indians. This text includes examples of some of the more commonly held values in Pan-Indian culture. The 1990 Census indicated that 84% of American Indian elders reported income of less than $20,000, the highest percentage of any ethnic group. The lives of today's Indian elders are likely to have been influenced by the history of oppression, repression, anger and grief experienced since Europeans colonized North America.

Traditional Healing
Most Indian traditions teach the “interconnectedness” of man, Creator/God, fellow man, and nature. Indian medicine considers the individual’s spiritual, emotional, mental, physical, and relationship state. An "imbalance" between these states by self or family may cause illness. A medicine person, spiritual advisor, or diagnostician prescribes treatment. Often, the entire community is involved in a healing ceremony and in maintaining the power of Indian “medicine.” Treatment may consist of rituals; fasting; sweating; herbal and/or animal medicines; and avoidance or inclusion of specific foods, natural elements, or situations. Many contemporary Indians use "white man's medicine" to treat "white man's diseases" such as diabetes, cancer, and gallbladder disease and use Indian medicine to treat Indian problems such as pain, disturbed family relationships resulting in physical symptoms, or sicknesses of the spirit, which may include mental illness and alcoholism. Many Western pharmaceuticals are based on Indian herbal medicines (e.g., aspirin).

Medications
Sharing medicines, stopping medication when feeling better, saving medicine to self-medicate later, and taking Indian remedies concurrently with Western medicine are common issues. Cost can be a major factor, especially where Indian Health Service benefits are not available.

Appropriate Ways to Show Respect and Establish Rapport
Listening is valued over talking. Calmness and humility are valued over speed and self-assertion. Show respect for the elder’s experience by asking the elder for help understanding the current situation and planning the components of care.

Conversational Pace
American Indian languages have long pause times. Silence is valued. Elders frequently complain that English speakers “talk too fast.” Interruption is extremely rude, especially if the speaker is an elder. Slow down when communicating, especially during initial encounters and when explaining something. Older AI often need time to translate concepts into Indian language or thought and then back into English/Western replies.

Non Verbal Communication

- Physical distance: several feet is usual comfort zone.
- Eye Contact: not direct or only briefly direct, gaze may be directed over the shoulder
- Emotional expressiveness: may be controlled, except for humor
- Body movements: minimal
- Touch: not usually acceptable except a handshake.

Communication Patterns Affecting Health Care Assessment

American Indian/Native American	Euro-American
Avoiding eye contact shows respect	Direct eye contact shows honesty, sincerity
Handshake lightly	Firm handshake
Word-of-mouth and some Internet	Mass media
Personal information not forthcoming	Self-disclosure, openness valued
Feelings expressed through behaviors rather than speech	Verbal expression of feelings
Careful and deliberate choice of words	Verbosity and small talk
Listening valued over talking	Important to express opinions
Observational skills and nonverbal communication	Verbal and written communication valued
Criticism communicated indirectly through family members	Direct confrontation
Withdrawal (voting with your feet)	Direct confrontation
Indirect suggestion instead of request	Direct requests

Language

Adult same gender interpreter is preferred. Many Indian languages do not have equivalent words or concepts for many English words, especially medical language. “Probability” statements do not translate grammatically in some Indian languages and may be misinterpreted as fact. Voice inflection and accent can influence the meaning of words and phrases. Assess literacy level, especially if written materials are used.

Verbal Taboos

Some Indian cultures do not speak of death, dying, or negative outcomes to medical procedures, as “thought” and “speech” can cause the negative outcome to occur (e.g., Navajo). Within this framework, discuss situations that have happened to others to come to an understanding regarding the patient’s wishes. Other AI tribal communities have no difficulty speaking directly about death or dying situations and wish to have all the information available (e.g., some Pueblo, Lakota, Northern Plains, Midwestern, and Northeastern Tribes). These tribes tend to look at death as a natural part of the circle of life, not feared because it may include a reunion with the ancestors who went before.

Health History

Information and self-disclosure may be guarded. A “problem” oriented format may be offensive and patronizing to older AI as it implies that the health care provider has power and the client is the “person with the problem”. Avoid references to “a problem” (e.g., statements such as, “What is your problem?”). Questions should be carefully framed to convey the message of caring and not indicate idle curiosity.

Explanatory Models of Illness

Examples of questions that can be used to elicit the patients’ perspectives include: Why do you think this started when it did? What do you call it? What do you think your sickness does to your body/ How does it work? How are you and your family treating this condition? What kinds of medicines or healings have you tried? Have they helped? How has this condition been treated in the past? What type of treatment do you think you should receive from me? Does anyone else need to be consulted? Is there any other information that might help us design a treatment plan?

Informed Consent
Give ample time for consideration and consultation with others like clan leaders, matriarchs, patriarchs, religious leaders, and/or medicine persons. Medical procedures may be appropriate only on certain dates for individuals consulting with traditional Indian healers. After slow and deliberate consideration of treatment options, an elder may choose not to accept the procedure or treatment, or in some Indian traditions, an elder may choose not to allow treatment for a member of his/her family. Involving a cultural guide or spiritual leader may be helpful.

Physical Examination
Modesty and privacy are valued. Accompany requests with a quiet, calm, pleasant explanation; loudness and brusque manner are associated with aggression. Touching the body is inappropriate in some Indian cultures. Obtain permission before examining each area and keep the body covered. In some reservations, clothes are removed only if absolutely necessary.

Cognitive and Affective Status
AI elderly rarely present for treatment of "depression", although symptoms may be present. The symptoms are more likely to be expressed as a cultural metaphor (e.g., "heavy heart," "an esteem problem," "lack of balance or harmony"), various physical complaints or normalized as "part of life." Family and community often minimize memory loss and dementia. Elders may not present for treatment unless physical function is impaired. The Mini-Mental Status Exam (MMSE) (modified for cultural relevancy and language consistency), the Indian Depression Schedule (IDS), and the Center for Epidemiological Studies Depression Scale (CES-D) have been used with internal consistency for this population. DSM IV Diagnostic Criteria for mental disorders may not be applicable as there are vast differences in tribal beliefs about mental illness, cultural labeling of different emotions and conceptual language differences.

Functional Status
Assess appropriateness of commonly used ADL and IADL scales. For example, what kind of activities is the elder used to doing? Did they ever use a telephone or balance a checkbook? Or did they chop wood, carry water, work leather, bead, or weave?

Health Education
Elders have asked for one-on-one education with a trained provider rather than written printed materials or educational lectures. Pictures, videos, and demonstrations have also been requested rather than explanations. "Doing" rather than "talking" has been a traditional way of teaching for many Indians.

Nutrition
Many older AI participate in Title VI food programs under the Older Americans Act. For many, it is their only daily meal. Commodities programs provide cheese, peanut butter, lard, sugar, condensed milk, and white flour that contribute to an unbalanced diet. Many Indian communities are looking to re-create the more healthy diet of their ancestors with squashes, melons, corn, beans, fruits, other vegetables, and some meat. Lamb, venison, and buffalo are used when available. Soups and stews are traditional dishes that may be nutritious and culturally appropriate. Nutrition guidance should use culturally acceptable foods, portions, and timing of meals. Accommodate wishes to share hospital food with family and friends and to eat food brought in by visitors whenever possible, as hospitality and generous sharing is a deeply held tradition.

Surgery
It is not unusual for AI patients to request any removed body tissues be returned to them after surgery. This includes hair, nail clippings, tonsils, organs surgically removed (appendix, gallbladder, etc.), and often, amputated limbs or digits. Some AI communities believe that the body must be whole in order to "cross over" into the next world, and some believe that body products could be used to cause the individual or his family harm by casting spells (e.g., Navajo).

Pain Management
Overt expression of pain (verbal or non-verbal) is unacceptable in many AI cultures. AI are generally undertreated for chronic and acute pain.

Dementia and Caregiving
American Indians have a lower frequency of dementia and institutionalization. Caregiver burden is minimized by taking life as it comes, a general acceptance of physical and cognitive decline as a part of aging, the use of "passive forbearance" as a coping strategy, not expecting to gain control of the situation, lack of social stigma for dementia behaviors, and cultural respect for elders. Instead of presenting for "memory loss," a cognitively impaired AI elder might present for not understanding instructions or recognizing people they know.

End-of-Life Care
There is a general preference for naturalness and home care is preferred unless there is a cultural taboo regarding death (Navajo). Many tribes have specific rituals concerning care of the body after death. Most AI traditions teach that the dead join ancestors and others that have gone before and that death is a natural part of the life cycle.

Coordinating Biomedical and Traditional Therapies
In some situations it is possible to have the traditional healer participate as a member of the interdisciplinary team. When requested, accommodate rituals at the bedside, which may include smudging with sage or sweet grass smoke. Other arrangements could be for Indian medicine pouches, bundles, or other specific items of sacredness and healing. Hospital personnel should not touch these items.

Cultural Values Which May Lead to Misunderstanding

Native American	Euro-American
Cooperation	Competition
Group Harmony	Individual Achievement
Modesty & Humility: physical modesty, not putting oneself forward, non-attention-seeking behavior except in sports	Overt Identification of Accomplishments & Physical Exhibition
Non-Interference	Advice-Giving and Directiveness: counseling and educating
Silence, Listening & Waiting Valued	Aggressive Verbal Behavior, Expression of Opinion
Emotional Control: contemplation, non-demonstration of strong emotions like anger	Action Over Inaction: direct confrontation, expression of anger
Patience: Group decision by discussion and consensus	Rapid Responses, Decision-Making & Problem-Solving
Generosity and Sharing: giving rather than saving, not seeking upward mobility within non-Indian community	Individual Ownership: amassed material property, upward social mobility
Indifference toward Future Planning: saving for one's own benefit not accepted, the future will take care of itself	Saving for the Future: insurance, savings
Work done only as needed to feed the family: historically dangerous, risking injury or death	Puritan Work Ethic: work for work's sake, rigid schedule
Time: non-linear, relative to the activity at hand, flexible	Obsession with Time: time is money
Orientation to the Present	Future Orientation: delayed gratification
Relationship with Nature: We belong to the land, the land does not belong to us; Love the Creator, love the creation	Mastery over Nature: ownership of land, science over nature
Spirituality and Religion: Non-evangelical, land-based, pluralist, inclusive, integration into daily activities, each person responsible for own path, no original sin/damnation	For Christian Belief system: evangelical, activity-based, portable, restrictive creeds, hierarchical, worship at specific times, salvation and/or second coming of the Savior
Extended family orientation: aunts and uncles considered like mothers and fathers, grandparents traditionally parented, family members often kept by other relatives with no disruption of the family unit, multi-generational and multi-geographical homes	Nuclear family orientation: natural parents are only valid responsible parties, measure of successful rearing is for children to leave home
Cultural Pluralism: jobs and educational system require some accommodation to Euro-American ways, retention of Indian identity and heritage, resistance to assimilation	Eurocentrism: Dominant society, defines a successful Indian as one who has adopted materialism, social and economic mobility, and Euro-American values to get ahead